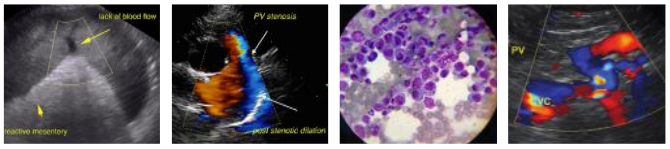
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Piper DelPriore

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

FS

AGE

8 years

WEIGHT

80 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

17333

DATE

7/21/23

PRESENTING CLINICAL SIGNS

Chronic V/D, decreased appetite. Hx of splenectomy 2 years ago.

Meds: Cerenia

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

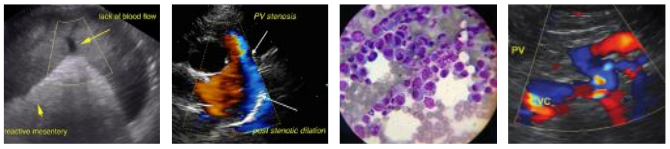
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			1.0	1.3	38	74	0.29
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	1.1	0.86		4.0	4.0	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Piper DelPriore

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

FS

AGE

8 years

WEIGHT

80 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

17333

DATE

7/21/23

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.62 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy. There was no evidence of pathology in the area of the splenic fossa.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic, nonshadowing ingesta, sonographically suggestive of food without signs of obstruction or foreign material.

The intestinal walls demonstrated intact subjective mild to variably prominent wall layering. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental nonobstructive ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without mechanical obstruction or foreign material. No evidence of loss of intestinal wall layering or visualized definitive intestinal masses to the level of the colon.

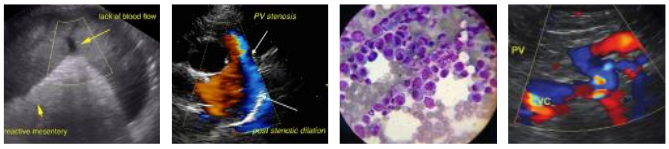
The proximal to transverse colon wall was intact yet mildly prominent in appearance with mild thickened to echogenic submucosa. Generalized non-formed fecal matter was present in the colon lumen, consistent with patient history.

Pancreas

The right pancreatic limb exhibited mild prominent size and symmetrical capsule contour with mild nonhomogeneous, hypoechoic parenchyma.

Free Abdomen

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Piper DelPriore

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

FS

AGE

8 years

WEIGHT

80 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

17333

DATE

7/21/23

perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm length. Peri intestinal to peri colic hyperechoic omentum was noted along with scant peri intestinal to peri colic free fluid.

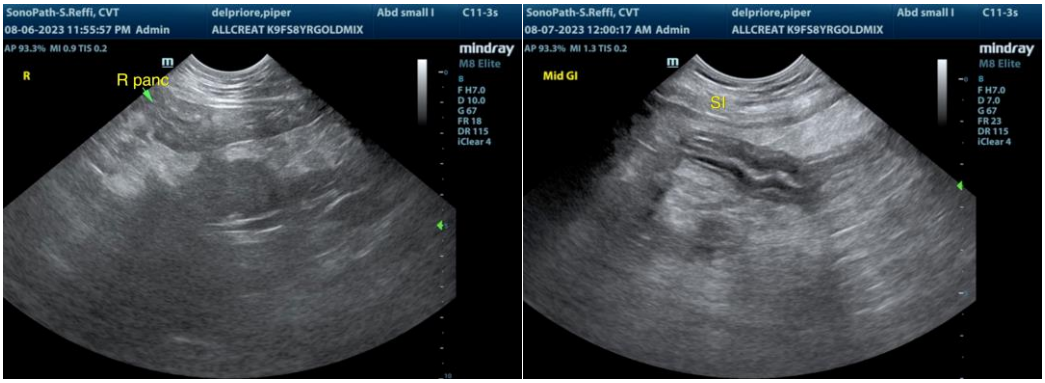
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Variably echogenic gastric ingesta - sonographically suggestive of food
- Nonspecific enterocolopathy - dietary intolerance / food hypersensitivity, dysbiosis, inflammatory enterocolopathy, typhlitis, occult parasitism, occult Addison's Disease, occult infiltrative enterocolic neoplasia or other are possible
- Associated mildly prominent mesenteric lymphadenopathy - associated reactive hyperplasia, lymphadenitis, early neoplastic lymphadenopathy possible
- Mildly prominent nonhomogeneous right pancreas - potential for concurrent low-grade pancreatitis
- Mild peri intestinal / peri colic free fluid and regional reactive possibly mild inflamed mesentery

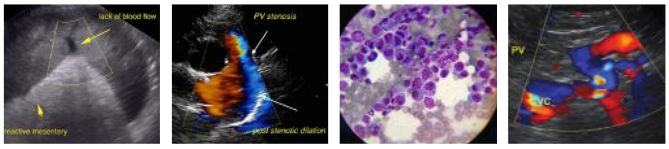
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fresh fecal analysis to assess for or rule out parasitic ova/Giardia, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as screening resting cortisol level is warranted.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial which may include Metronidazole or Metronidazole / Zithromax combination, given the potential for mesenteric lymphadenitis, or Tylosin, and as needed gastrointestinal support with assessment of clinical response and potential sonographic monitoring may prove beneficial. Intestinal biopsies are likely indicated for definitive diagnosis if GI signs continue despite empirical therapy.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Piper DelPriore

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

FS

AGE

8 years

WEIGHT

80 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

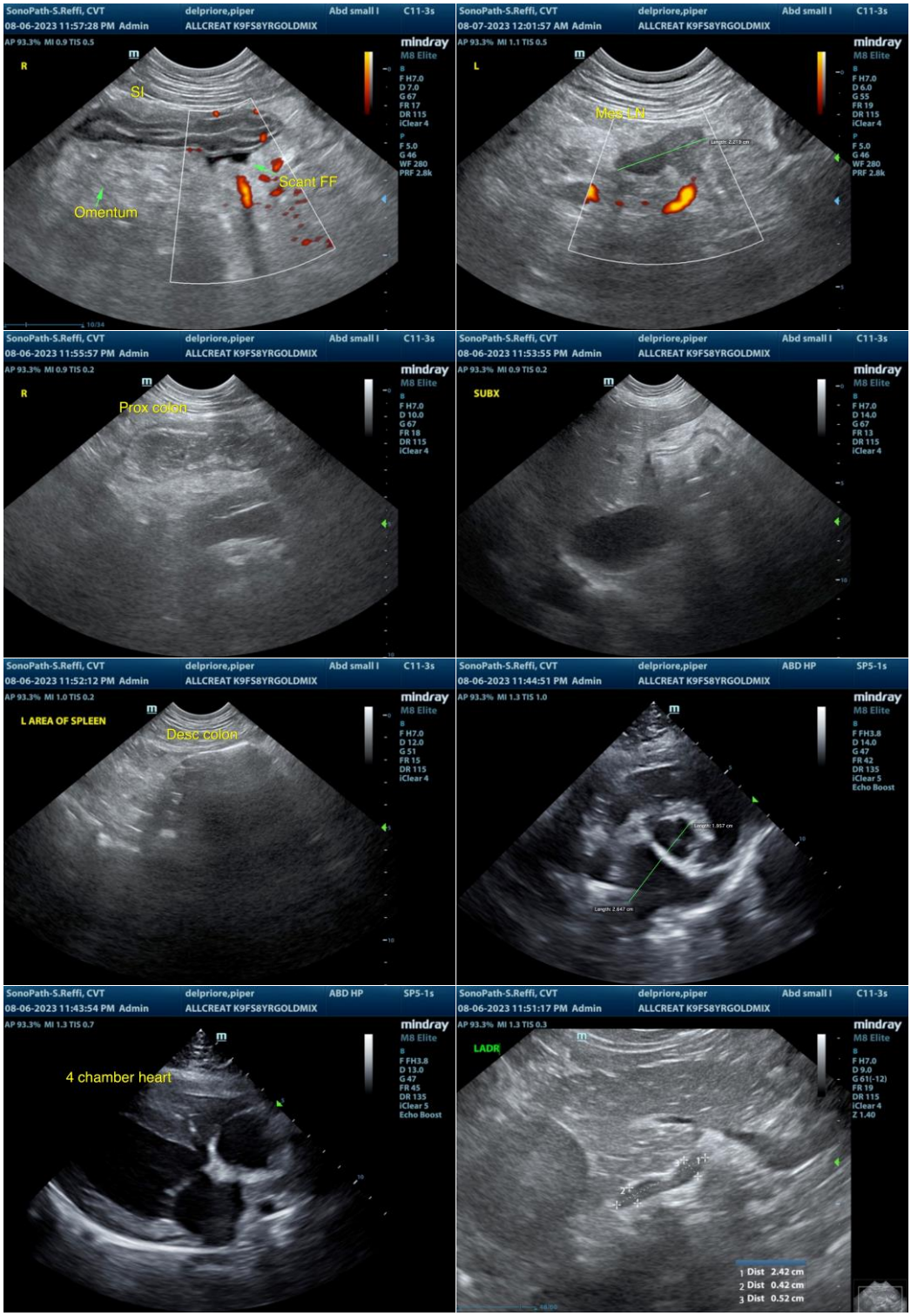
Dr. Ashmore

INVOICE

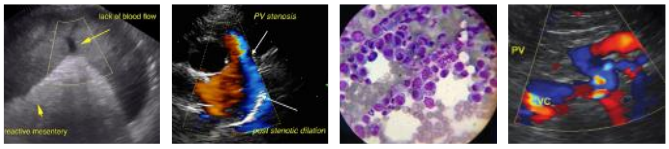
17333

DATE

7/21/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Piper DelPriore

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

FS

AGE

8 years

WEIGHT

80 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

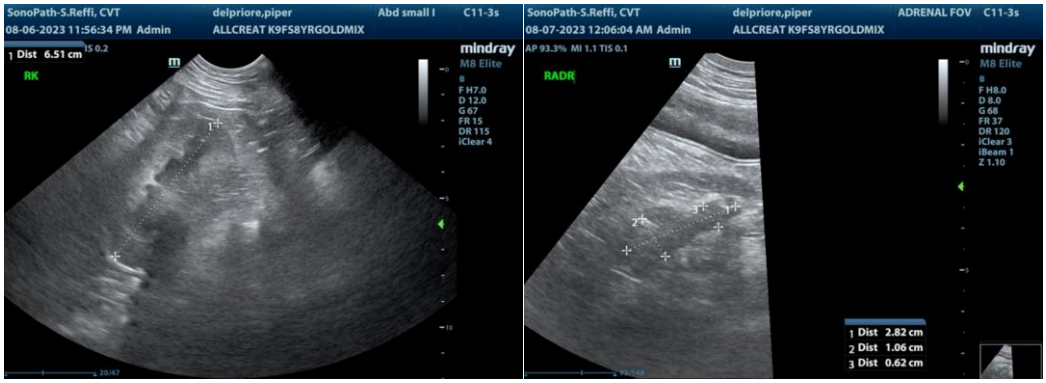
Dr. Ashmore

INVOICE

17333

DATE

7/21/23



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com